

Complete this form only if you have agreed to supervise students from another School District.

## Agreement to Supervise Students From Other Schools



Activity:

Date:

Location:

This letter is to verify that I have agreed to supervise the following students from the school listed, at the above conference. I understand that I will be responsible for their compliance with the guidelines of the "DELEGATE CONDUCT CODE" as established by the Missouri Association of DECA. Any violation of the conduct code will subject my entire delegation to possible conference expulsion and/or probationary status.

School \_\_\_\_\_ District \_\_\_\_\_

Student Name	Gender
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

\_\_\_\_\_  
*Principal of Students Signature*

\_\_\_\_\_  
*Students' Advisor Signature*

\_\_\_\_\_  
*Supervising Advisor Signature*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Principal of Supervising Advisor Signature*

\_\_\_\_\_  
*Date*

**Please sign and return this form with your registration materials. You must have the Student Consent Form for each student you are supervising in your possession at the conference.**